

**NEW MOTOR VEHICLE BOARD****Consumer Mediation Services Program**

1507 - 21st Street, Suite 330
 Sacramento, California 95814
 (916) 445-1888 (916) 323-1631 Fax
 E-Mail: nmvb@pacbell.net
 Website: nmvb.ca.gov

MEDIATION REQUEST FORM

CASE NO. _____

COMPLAINANT NAME

FIRST

MI

LAST

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE # (Home)

TELEPHONE # (Business)

E-Mail

Complaint is against: (Check box and fill out all sections completely)

☐ **Selling Dealer**☐ **Servicing Dealer**☐ **Manufacturer/Distributor**

NAME

NAME

NAME

ADDRESS

ADDRESS

ADDRESS

TELEPHONE #

TELEPHONE #

TELEPHONE #

VEHICLE (Make)

(Model)

(Year)

DATE OF PURCHASE / LEASE

VEHICLE LICENSE NO.

CURRENT MILEAGE

☐ Purchase☐ Lease

MILEAGE AT PURCHASE / LEASE

VEHICLE I.D. NO.

☐ New☐ Used

TYPE OF WARRANTY ON VEHICLE

☐ Manufacturer's☐ Extended Warranty☐ No Warranty

Have you given written notice of defects to manufacturer?

☐ Yes☐ No

Has manufacturer (or designated agent) attempted repairs?

☐ Yes☐ No

If yes, list repair dates: _____

COMPLAINT

Please explain the details of your complaint and the action you are seeking on the reverse side of this form, or attach a typed 1-2 page letter.



IMPORTANT NOTICE: I understand a copy of this complaint may be sent to the dealer(s), manufacturer or distributor.

Sections 20 and 3000 of the California Vehicle Code make it unlawful to use a false or fictitious name or knowingly make false statement or knowingly conceal any material fact in any document filed with the New Motor Vehicle Board.

Signature _____

Date _____

BASIS OF COMPLAINT		Sales:
Mechanical Defects:		
<input type="checkbox"/> Frame and Body	<input type="checkbox"/> Suspension system	<input type="checkbox"/> Contract
<input type="checkbox"/> Engine	<input type="checkbox"/> Tires	<input type="checkbox"/> Financing
<input type="checkbox"/> Transmission & drive shaft	<input type="checkbox"/> Wheels	<input type="checkbox"/> Fraud
<input type="checkbox"/> Brake system	<input type="checkbox"/> Exhaust system	<input type="checkbox"/> Advertising
<input type="checkbox"/> Steering	<input type="checkbox"/> Inoperable accessories	<input type="checkbox"/> Damage by dealer during servicing
<input type="checkbox"/> Fuel system	<input type="checkbox"/> Cooling system	<input type="checkbox"/> Extended service contract
<input type="checkbox"/> Other _____	<input type="checkbox"/> Electrical system	

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COMPLAINT- Explain the details of this complaint.

Please sign and date on reverse side